EXHIBIT COVER PAGE

2

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

NUMBER OF PAGES TO THIS EXHIBIT: __________ PAGES.

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☐ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

Approved for use with Judicial Council forms Jan 1997

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
PATIENT SIGNATURE		DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

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YOU WILL NOT BE CHARGED for health care visits that are for:

- an emergency
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- health care services necessary to comply with State law and regulations (e.g., annual TB testing)
- reception center screening and evaluation
- inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

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NAME	CDC NUMBER	HOUSING
[illegible]	[illegible]	[illegible]

PATIENT SIGNATURE	DATE
[illegible]	[illegible]-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) [illegible]

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HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
LANG [illegible]	C82546	Fac [illegible]

PATIENT SIGNATURE	DATE
[signature]	10-29-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I was seen on 10-25-07 and 10-26-07 and requested [illegible] treatment for Arthritis pain in shoulders, hip, and [illegible] knee, also [illegible] back [illegible] [illegible]

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HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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NAME	CDC NUMBER	HOUSING
[illegible]	[illegible]	[illegible]

PATIENT SIGNATURE	DATE
[illegible]	11-5-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) [illegible]

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[redacted]

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[illegible]	[illegible]	[illegible]
PATIENT SIGNATURE [illegible]		DATE [illegible]

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PATIENT SIGNATURE	DATE
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CDC 7362 PAGE 2

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PATIENT SIGNATURE	DATE
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PATIENT SIGNATURE	DATE
[illegible]	[illegible]

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

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With some exceptions, YOU WILL BE CHARGED a five dollar ($5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each initial visit with each doctor. This means if you request dental services and medical services, you will be charged for the visit with the dentist and the doctor/nurse.

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- an emergency.
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- mental health services.
- follow up health care services recommended by a doctor, nurse, or dentist.
- health care services necessary to comply with State law and regulations (e.g., annual TB testing).
- reception center screening and evaluation.
- inpatient services, extended care, or skilled nursing services.

YOU WILL NOT BE DENIED HEALTH CARE IF YOU DO NOT HAVE MONEY IN YOUR TRUST ACCOUNT TO PAY THE FEE.

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
[illegible]	[illegible]	[illegible]

PATIENT SIGNATURE	DATE
[illegible]	[illegible]

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) [illegible]

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
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[illegible]	[illegible]	[illegible]

PATIENT SIGNATURE	DATE
[illegible]	[illegible]

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CDC 7362 (Rev. 03/04)

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
[illegible]	[illegible]	[illegible]

PATIENT SIGNATURE	DATE
[illegible]	[illegible]

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had Problem) [illegible]

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— 1-copy Kept on File —

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE	TO	FROM (LAST NAME)	CDC NUMBER
6-2-08	Doctor Choo, M.D.	LANG, Daniel J.	C82516

HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER
Fac. 1-1-	241 L		FROM TO

OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)	ASSIGNMENT HOURS
	FROM TO

Clearly state your reason for requesting this interview.
You will be called in for interview in the near future if the matter cannot be handled by correspondence.

I was recommeded for Surgery on my Shoulders; Replacement of Rotator cuffs due to Severe Degenerative Arthritis and Pain; why have I not been provided this Surgery yet and when can I get it done? I'm in Pain daily!

Do NOT write below this line. If more space is required, write on back.

INTERVIEWED BY

DATE

DISPOSITION

1135788

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

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REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
CRAIG	C89516	Fa. A-1-241

PATIENT SIGNATURE	DATE
[illegible]	6-3-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I am having continuous and severe pain in my shoulders and [illegible]

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

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[redacted]

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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1155789

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
LANG, D.	C82516	[illegible]

PATIENT SIGNATURE	DATE
[signature]	6-4-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) I was approved for surgery on my shoulders by Doctor Smith, Doctor Martinez, Doctor [illegible]. But have not been on a list with the [illegible] ... see me A.S.A.P. as my shoulders are still in pain

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Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
[illegible]	[illegible]	[illegible]

PATIENT SIGNATURE	DATE
[illegible]	[illegible]

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) [illegible]

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING

PATIENT SIGNATURE	DATE
	6-22-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

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HEALTH CARE SERVICES REQUEST
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REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
LANG, D.	C82514	Fac. 1-1-241L

PATIENT SIGNATURE	DATE
[illegible signature]	6-30-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) [illegible handwriting]

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
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